



TENNESSEE DEPARTMENT OF SAFETY

**STATE CERTIFIED HANDGUN TRAINING SCHOOL
APPLICATION**

(Print or type and return with application fee to)

TENNESSEE DEPARTMENT OF SAFETY
HANDGUN PERMIT OFFICE
1150 FOSTER AVE.
NASHVILLE, TN 37243-1000

APPLICATION ID #

____/____/____

EXP: ____/____/____

NAME OF SCHOOL: _____

OWNER(S): _____

ADDRESS: _____

PHONE NUMBERS: _____

LOCATION OF FIRING RANGE (include 4 color photographs): _____

PROOF OF FINANCIAL RESPONSIBILITY (check one)

☐ Single limit liability policy in an amount not less than \$300,000. ☐ Split limit liability policy in an amount not less than \$150,000, \$300,000, \$50,000.
☐ \$300,000 cash. ☐ Bond in the amount of \$300,000. ☐ Surety in an amount not less than \$300,000 (must have prior approval).

I/we the undersigned have read the Tennessee Department of Safety Rules Chapter 1340-2-3, State Certified Handgun Training Program, and agree to conduct the Handgun Training Course in accordance with the rules and regulations therein. I/we understand that failure to comply with the rules and regulations may result in the suspension, revocation or denial of certification.

Signature

Date

Signature

Date

DEPARTMENT USE ONLY

Rec'd. ____/____/____ App. ____/____/____ Ret. Add. Info ____/____/____ Exp. ____/____/____ Denied ____/____/____
Insp. ____/____/____ Notes: _____

Program Director